

AO 440 (Rev. 8/01) Summons in a Civil Action

UNITED STATES DISTRICT COURT

WESTERN

District of

KENTUCKY

JAMES E. NULL AND MILDRED NULL

SUMMONS IN A CIVIL ACTION

v.

AMERIQUEST MORTGAGE COMPANY, ET AL

CASE NUMBER:

3:08-CV-47-H

TO: (Name and address of Defendant)

AMERIQUEST MORTGAGE COMPANY
C/O KENTUCKY SECRETARY OF STATE
CAPITOL BUILDING, ROOM 154
700 CAPITAL AVENUE
FRANKFORT, KY 40601

YOU ARE HEREBY SUMMONED and required to serve on PLAINTIFF'S ATTORNEY (name and address)

JAMES K. MURPHY
LYNCH, COX, GILMAN & MAHAN, PSC
500 W. JEFFERSON STREET, SUITE 2100
LOUISVILLE, KY 40202

an answer to the complaint which is served on you with this summons, within 20 days after service of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the Clerk of this Court within a reasonable period of time after service.

JEFFREY A. APPERSON

CLERK

(By) DEPUTY CLERK

DATE

1/17/2008

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| RETURN OF SERVICE | | |
|--|----------|--------------|
| Service of the Summons and complaint was made by me ⁽¹⁾ | DATE | |
| NAME OF SERVER (<i>PRINT</i>) | TITLE | |
| <i>Check one box below to indicate appropriate method of service</i> | | |
| <input type="checkbox"/> Served personally upon the defendant. Place where served: | | |
| <input type="checkbox"/> Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein. Name of person with whom the summons and complaint were left: | | |
| <input type="checkbox"/> Returned unexecuted: | | |
| <input type="checkbox"/> Other (specify): | | |
| STATEMENT OF SERVICE FEES | | |
| TRAVEL | SERVICES | TOTAL \$0.00 |
| DECLARATION OF SERVER | | |
| <p>I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.</p> <p>Executed on _____</p> <p>Date _____</p> <p><i>Signature of Server</i> _____</p> <p><i>Address of Server</i> _____</p> | | |

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

SENDER: COMPLETE IF THIS SECTION

- Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Ameliquest Mortgage Co.
Attn: Kentucky Secretary of State
Capitol Building, Room 154
100 Capitol Ave
Frankfort, KY 40401

| | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> Signature <u>Kyle Wilson</u> <input type="checkbox"/> KYLE WILSON <input type="checkbox"/> Agent <input type="checkbox"/> Addressee | | <input type="checkbox"/> C. Date of Delivery _____ | |
| <input type="checkbox"/> D. Recipient Pay <u>0710 0005 6240 1781</u> | | <input type="checkbox"/> If YES, enter delivery address below: <small>If NO, enter delivery address above.</small> | |
| <input checked="" type="checkbox"/> E. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| <input checked="" type="checkbox"/> F. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. | | | |
| <input type="checkbox"/> G. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes | | | |

2. Article Number
(Transfer from service label)

PS Form 3811, February 2004 Domestic Return Receipt

102585-02-14-1540